

# Chiropractic College Certificate

Subject	Minimum Hours Required	Hours Completed by Applicant
Anatomy, including embryology, histology, and human dissection	616	
Physiology (must include laboratory work)	264	
Biochemistry, clinical nutrition, and dietetics	264	
Pathology, bacteriology, and toxicology	440	
Public health, hygiene and sanitation, and emergency care	132	
Diagnosis	792 including: 1) E.E.N.T. 2) Serology 3) Dermatology 4) Syphilology 5) Geriatrics 6) x-ray interpretation 7) Neurology	1) 2) 3) 4) 5) 6) 7)
Obstetrics, gynecology and pediatrics	132	
Principles and practice of chiropractic	518 including: 1) chiro. technique 2) chiro. philosophy 3) orthopedics 4) x-ray technique & radiation protection 5) 430 hours clinic including office procedures	1) 2) 3) 4) 5)
Physiotherapy	120	
Psychiatry	32	

Total hours (include required subjects and electives)	4,400	
<b>Clinical Experience</b>	<b>Minimum Number Required</b>	<b>Number Completed by Applicant</b>
1) Physical Examinations.....	25 (10 not student patients)	1)
2) Urinalysis.....	25	2)
3) CBC's.....	20	3)
4) Blood chemistries .....	10	4)
5) X-ray examinations.....	30	5)
6) Proctological examinations.....	10	6)
7) Gynecological examinations.....	10	7)
8) Patient treatments including diagnostic, adjustive technique, and patient evaluation.....	250	8)
9) Written interpretation of X-ray (film or slide).....	30	9)
10) Practical clinical experience hours.....	518	10)
11) Physiotherapy procedures performed by the student on their own clinic patients.....	30	11)

### Affidavit

*I hereby certify that I am in possession and control of the records of students' attendance of the \_\_\_\_\_ Chiropractic College and said records disclose that the aforementioned student entered this institution on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and graduated on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, completing \_\_\_\_\_ school terms of \_\_\_\_\_ months resident student enrollment. This student completed the hours documented on the table above. These hours include resident and transfer credit granted toward the degree of Doctor of Chiropractic. I hereby certify under penalty of perjury that the information reported on this College Certificate is true and correct.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

College: \_\_\_\_\_ City and State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(affix college seal)